


Section 3



Mental Well-being Impact Assessment (MWIA) Screening Toolkit

This section of the MWIA Toolkit is designed to be used as a 'stand alone' process for making an initial assessment of a proposal. It does not constitute an MWIA in its own right.

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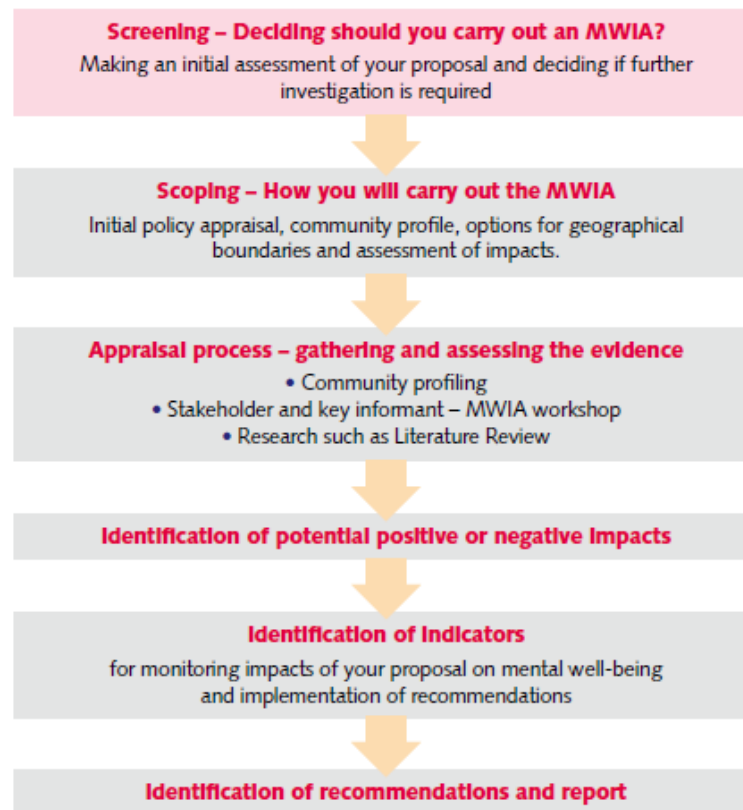
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Figure 3.1: Overview of MWIA process



Top tips for screening

1. *Involve other people, including a service user if possible, who know details about and are familiar with various aspects of the proposal – maximum of five*
2. *Bring information to the screening meeting e.g. proposal specification*
3. *Appoint a lead for asking the questions and chairing the process, and someone to scribe*
4. *Keep a written record of your discussion*

3.1 SCREENING – Initial assessment and helping you decide if you need to do a Mental Well-being Impact Assessment

Introduction

This desktop MWIA screening toolkit has been designed to help people who are planning or providing policies, services, programmes or projects (collectively referred to hereafter as proposals), to begin to find out how they might make a difference through using Mental Well-being Impact Assessment (MWIA). The process is also designed to help people decide whether it is worth doing a more intensive MWIA involving a much wider range of people; screening is the *first* stage in MWIA but can also be valuable as a stand-alone short assessment. It is designed to be user-friendly and should take approximately an hour to complete. Whilst completing the form, users may identify points that they would wish to follow up or find out more about. A space for such comments has been allowed after each section.

This screening process can be used on a wide range of proposals such as:

- Strategies - Government Policies, Community Plans, Housing or Transport Policies
- Services such as Mental Health Day Services, Older People's support
- Programmes such as Healthy Schools, Healthy Weight Management, Expert Patients
- Projects such as Timebanks, Community Arts

It is best done before the proposal has been finalised so that there is maximum opportunity for improvements to be made. It can be done on existing proposals if there is an opportunity or willingness to make changes to improve the rest of the delivery, or learn lessons. See appendix 1 for screening case studies.

Before you begin to undertake the MWIA screening process you will need to identify the following:

- Input from a range of key stakeholders, up to 5 people, representing a diversity of knowledge and experience of the proposal. These might include a service user, a funder, and an operational manager. Arrange for this group to meet for an hour to undertake the screening process. This shared working has proved beneficial in building a more complete picture and understanding of mental well-being needs and responses in relation to the proposal, as well as strengthening networking and ownership of the recommendations of the exercise. One person needs to take the lead for asking the questions
- Information regarding the proposal(s) you wish to screen. This could relate to who the key stakeholders are, known information regarding the target groups' demographic profile, knowledge of what is involved with the proposal
- Clarity of the scope to influence decisions and the timescale. If there is no scope or time to influence, it might be worth re-thinking whether the proposal you have chosen is the right one!
- It is worth appointing one person as the 'scribe' to ensure records are kept of the discussion and key decisions. This role can be shared at the various stages of the process.

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3.2 MWIA SCREENING TOOLKIT – helping to decide if you need to do a Mental Well-being Impact Assessment

Name of policy, service, programme or project (proposal):

At what stage is your proposal?

- Not yet started?
- Short way into delivery?
- Half way through?
- On-going?
- Coming to an end?
- Other?

Name and title of person completing:

Are you the lead for this proposal - or what is your role?

Names and roles of other people involved:

Date of completing screening toolkit:

Whilst completing the form, you may identify points to follow up or find out more about. A space for such comments has been allowed after each section.

1. Why do you want to look at the possible impact on mental well-being of this proposal? This is just to help you understand why you are doing this screening.

Please tick as many as are relevant to you:

To find out what impact we are likely to have or are already having

To find out if we should do a more developed MWIA

To see if there is a way we can improve the proposal

Other – please say what

2. Is there an opportunity to influence or change the ways in which the proposal is being delivered? This will be important in helping to decide whether it is worth going on to do a Rapid MWIA, as you will need to be able to influence planning or delivery.

Yes

Some

No

Unclear

If you feel clear about why you are doing the screening MWIA, then please continue, if not, then work out what, if anything, you need to do!





3. Population characteristics

Age, gender, class, race/ethnicity, disability, sexuality and physical health influence risk and protective factors for mental health and the ways in which mental health is expressed. The relative impact of population characteristics is in turn affected by wider factors. The experiences of childhood, old age, coming from a working class family, belonging to a Black or Minority Ethnic community, being gay or lesbian, living with a physical or learning disability or suffering from chronic illness vary considerably. For example, financial policy, welfare benefits, housing, education, legislation on age, racial and sexual discrimination all contribute to the mental health impact of growing old.

Please look at Table 1. Think about your proposal and the populations/communities you are targeting and consider the ones that you think are most important (although remember this is a brief assessment so you don't need to be too detailed). One specific MWIA question is included, but you might want to think of other relevant points in relation to positive, negative or indirect impacts – please add these in.

Table 1 Population Characteristics: Risk and Protective factors for mental well-being

Population characteristics	MWIA Key question	Likely impact? Positive, negative or is it an indirect impact?
Age		
Early Years: Foundations for good mental health lie in pregnancy, infancy and early childhood. Parenting style and attachment are the key factors. The quality of the 'home learning environment', quality of pre-school and the amount of time in pre-school are all associated with greater 'self regulation', an attribute strongly linked to improved educational outcomes.	Will this proposal enhance or diminish support for parents and families through pregnancy, childbirth and first years of life?	
Adolescence: Protective factors include: attachment to school, family and community; positive peer influence; opportunities to succeed and problem solving skills. 'Social capital' indicators (e.g. friends, support networks, valued social roles and positive views on neighbourhood) are closely related to risk and severity of emotional and behavioural disorders.	Will this proposal enhance or diminish feelings of security, significance, belonging and connection in young people?	
Later Life: The key areas that influence mental health in later life are age discrimination, participation, relationships, physical health and poverty. Fear of crime and lack of transport are also consistent themes, with 'daily hassles' contributing more significantly to psychological distress than major life events.	Will this proposal impact positively or adversely on the five key areas known to influence mental health in later life?	



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Gender

Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed. Depression, anxiety, attempted suicide and self harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment, and are more likely to suffer domestic violence, rape and child abuse.

Will the proposal impact differently on men and on women?

Race and ethnicity

Race and ethnic differences in the levels of mental well-being and prevalence of mental disorders are due to a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences and are reflected in how mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. However a major qualitative study found that expressions of distress bore great similarity across ethnic groups, although some specific symptoms were different.

Will the proposal impact differentially on different ethnic groups, including refugees, asylum seekers and newly arrived communities?

Socio-economic position and class

Socioeconomic position (SEP) refers to the position of individuals and families, relative to others, measured by differences in educational qualifications, income, occupation, housing tenure or wealth. Socioeconomic position is generally analysed by quintile, for example comparing health or other outcomes of those in the poorest fifth of the population with those in the richest fifth. Socioeconomic position shapes access to material resources, to every aspect of experience in the home, neighbourhood, and workplace and is a major determinant of health inequalities. Different dimensions of SEP (education, income, occupation, prestige) may influence health through different pathways; SEP involves exposure to psychological as well as material risks and buffers, and structures our experience of dominance, hierarchy, isolation, support and inclusion. Social position also influences areas like identity and social status, which impact on well-being, for example through the effects of low-self esteem, shame, and disrespect.

How will the proposal impact on people in different social positions? Will it reinforce or reduce inequalities?

Physical health

Poor physical health is a significant risk factor for poor mental health; conversely, mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes. Poor mental health is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection. For heart disease, psychosocial factors are on a par with smoking, high blood pressure, obesity, and cholesterol problems.

Will the proposal have an impact on or take into consideration the physical health of the communities likely to be affected? Does the proposal recognise the relationship between mental health and physical health?



Disability		
Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities.	Will the proposal reinforce or reduce inequalities and discrimination experienced by people with disabilities?	
Sexuality and transgender		
Some studies suggest that gay, lesbian, bisexual and transgender peoples are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. being bullied, discrimination and verbal assault.	Will the proposal impact positively or adversely on gay men, lesbians, bisexuals and transgender peoples?	
Other population groups <i>Tick where appropriate</i>		
Looked after children <input type="checkbox"/> People with long term conditions <input type="checkbox"/> People in residential settings <input type="checkbox"/> Carers <input type="checkbox"/> People experiencing violence or abuse <input type="checkbox"/> People in the criminal justice system <input type="checkbox"/> Ex-offenders <input type="checkbox"/> Others <input type="checkbox"/>	Will the proposal have an impact or take into consideration any of the groups mentioned?	
Settings		
Schools Workplace Neighbourhoods Prisons Hospitals Primary Care Others	Will the proposal have an impact on or take into consideration any of the settings mentioned?	



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4. Protective factors and wider determinants that have a particular impact on mental health and well-being

There are three main factors that are thought to promote and protect mental well-being distilled from the evidence base presented in section 2 of this MWIA Toolkit:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion

Wider determinants such as our physical health and more broadly employment, housing, poverty also affect our well-being.

Please look at Tables 2a-d. The first table covers the wider determinants at the socio-economic/environmental level. The remaining tables cover the above three protective factors at both the individual and community/social level. Thinking about your proposal and the populations/communities it affects – consider the factors that you think are most important (although remember this is a brief assessment so you don't need to be too detailed). One specific MWIA question is included, but you might want to think of other relevant points in relation to positive or negative impacts – please add these in. Then note down any comments or recommendations that occur to you.

You are unlikely to have an impact on every protective factor – please be selective and concentrate on those that appear to be most important for your proposal and client group, and mark those that seem to be a priority impact.

2a Wider determinants at a socio-economic/environmental level

MWIA uses a framework for assessing the three protective factors *in the context of the wider determinants of mental well-being*.

The wider determinants are the factors that are determined at a structural level and impact on a population or the whole of society. There is a dynamic relationship between the wider determinants, the three protective factors and mental well-being. Mental well-being is an outcome of the circumstances and experiences of our lives: individual psychological resources, for example, confidence, self efficacy, optimism and connectedness are embedded within social structures such as our position in relation to others at work, at home, and in public spaces. Mental well-being also influences a very wide range of outcomes – health behaviour, physical health and improved recovery rates, educational attainment, employment and productivity, relationships, crime, community cohesion, quality of life and, fewer limitations in daily living. Mental well-being may also be a factor in helping to explain why socio-economic disadvantage does not always correlate with health damaging behaviours.

Table 2a Wider determinants at a socio-economic and environmental level

MWIA question: How does the proposed development impact on the wider determinants?

WIDER DETERMINANTS (often at a socio-economic/environmental level)	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<ul style="list-style-type: none"> • Access to quality Housing e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate • Physical Environment e.g. access to green space, trees, natural woodland, open space, safe play space, quality of built environment • Economic security e.g. access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities • Good quality food e.g. affordable, accessible • Leisure opportunities e.g. participate in arts, creativity, sport, culture • Tackling Inequalities e.g. addressing relative deprivation and poverty • Transport access and options e.g. providing choice, affordability and accessibility • Local democracy e.g. devolved power, voting, community panels • Ease of access to high quality public services e.g. housing support, health and social care • Access to Education e.g. schooling, training, adult literacy, hobbies • Challenging discrimination e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith • Other? 		



Table 2b Protective factor - Enhancing control

MWIA question: How does the proposed development impact on people's control?

PROTECTIVE FACTORS FOR ENHANCING CONTROL	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<p>Individual</p> <ul style="list-style-type: none"> • A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances • Belief in own capabilities and self determination e.g. sense of purpose and meaning • Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices • Maintaining Independence e.g. support to live at home, care for self and family 		
<p>Community/organisation</p> <ul style="list-style-type: none"> • Self-help provision e.g. information advocacy, groups, advice, support • Opportunities to influence decisions e.g. at home, at work or in the community • Opportunities for expressing views and being heard e.g. tenants groups, public meetings • Workplace job control e.g. participation in decision making, work-life balance • Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions • Resources for financial control and capability e.g. adequate income, access to credit union, welfare rights, debt management 		
<p>Other?</p>		

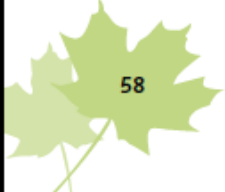


Table 2c Protective factor - Increasing resilience and community assets

MWIA question: How does the proposed development impact on resilience and community assets?

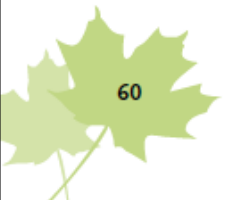
PROTECTIVE FACTORS FOR INCREASING RESILIENCE AND COMMUNITY ASSETS	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<p>Individual</p> <ul style="list-style-type: none"> • Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun • Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills • Have beliefs and values e.g. spirituality, religious beliefs, cultural identity • Learning and development e.g. formal and informal education and hobbies • Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking 		
<p>Community/organisation</p> <ul style="list-style-type: none"> • Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work • Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work • Emotional support e.g. confiding relationships, provision of counselling support • Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat • Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks • Arts and creativity e.g. expression, fun, laughter and play 		
<p>Other?</p>		



Table 2d Protective factor - Facilitating participation and promoting inclusion

MWIA question: How does the proposed development impact on participation and inclusion?

PROTECTIVE FACTORS FOR PARTICIPATION AND INCLUSION	Likely impact? Positive, negative or is it an indirect impact? Select those most important	Comments or recommendations
<p>Individual</p> <ul style="list-style-type: none"> • Having a valued role e.g. volunteer, governor, carer • Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team • Feeling involved e.g. in the family, community, at work 		
<p>Community/organisation</p> <ul style="list-style-type: none"> • Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests • Practical support e.g. childcare, employment, on discharge from services • Ways to get involved e.g. volunteering, Time Banks, advocacy • Accessible and acceptable services or goods e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating • Cost of participating e.g. affordable, accessible • Conflict resolution e.g. mediation, restorative justice • Cohesive communities e.g. mutual respect, bringing communities together 		
<p>Other?</p>		





5. Scale of impact and population

There are two more aspects to consider before determining if you will go on to do further MWIA assessment on your proposal.

a) Scale of the impact on mental well-being

If known (or suspected) at this stage, what is the duration of the likely mental health and well-being impacts of your proposal?

Please tick (this could be more than one period of time)

- Brief
- Weeks
- Months
- Years
- Entire Life (of the proposal)
- Sustained beyond the proposal
- Unclear

b) Scale of the population whose mental well-being is impacted

What is the scale of the population that your proposal will impact upon?

- A few people
- A small part of the population
- A majority of the population
- The entire population

6. Having completed the screening assessment process the following sections will help you determine what to do next.

For each question in the central column, circle the appropriate answer

Favouring further appraisal	Question	Not favouring further appraisal
Yes/Don't know	Does your proposal affect in a negative way any of your population groups in Table 1?	No
Yes/Don't know	Does your proposal affect in a negative way any of the wider determinants and protective factors in Tables 2a-d	No
Yes/Don't know	For some of the wider determinants and protective factors of mental well-being, are some of the impacts of your proposal unknown?	No
Yes/Don't know	Are the impacts likely to be over a long period of time (one year or more)	No
Yes/Don't know	Is there an opportunity to influence the delivery of the proposal you are screening?	No

If you have answered 'yes' or 'don't know' to at least two or more questions under the above question, then you are advised to consider further appraisal under the MWIA process. Use section four of this toolkit to plan and undertake your MWIA.

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7. Actions to think about if you don't favour further appraisal under the MWIA process

If you have answered No to at least three or more questions under the above question, then you are not in favour of further appraisal under the MWIA process and may wish to consider doing one or some of the following actions listed below.

Throughout the screening process you will have made a list of comments or action points which may relate to one or two of the other stages of MWIA. It may be useful to use one of the methods/ stages to better inform your highlighted action points. For example:

- Find out more about the project activities in relation to the mental well-being determinants – consider holding a stakeholder workshop see Section 4 of this toolkit
- Find out more about the characteristics of the population targeted by the project – consider completing a community profile see Section 4 of this toolkit
- Find out how to target population groups not using the project, and who may benefit in terms of mental well-being – consider completing a community profile and redoing the population table screening toolkit see Section 4 of this toolkit
- Develop an action plan based on your screening findings, in order to refine your project to maximise potential mental well-being and/or to reduce potential negative impacts
- Find out if there are any further opportunities to influence the proposal and / or who may be in a position to influence the proposal and seek their support for undertaking an MWIA
- Find out if you have any existing evidence of your impact on any of the components of mental well-being identified as a priority for your proposal. For example: existing monitoring data, surveys or evaluation reports. See Section 5 of this toolkit for further ideas
- Find out if you could integrate an indicator into your existing data collection to measure your impact on any of the components of mental well-being identified as a priority for your proposal? See Section 5 of this toolkit for further ideas

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Appendix 1: Screening Case Studies

Policy level – the Lancashire Local Area Agreement (LAA)

The full report for this is available on www.hiagateway.org.uk

The purpose of the MWIA was to ensure that mental health is recognised as a cross-thematic issue within the whole LAA – not just a health and social care or well-being issue, and to increase mental health awareness across the whole range of policy makers in the county. The aim was to develop a cross-thematic action plan to address community well-being with commitment and ownership across the whole LAA.

The desk top screening tool was used with each LAA thematic group which also helped to identify priority mental well-being indicators for each theme for mental well-being. We then completed the community profiling and collation of the evidence base – linking into the Joint Strategic Needs Assessment process - and organised a multi-agency stakeholder event for each indicator. The screening process helped to prioritise which themes and indicators to work on. The first workshops were for NI 153 (working age people claiming out of work benefits) and this identified priority actions such as addressing personal development, confidence and self-esteem rather than just focusing on vocational skills when supporting people back to work; working with employers to increase their mental health awareness, skills, and how to support the mental health of employees.

Service level – Warwickshire Resource Cafés

The full report for this is available on www.hiagateway.org.uk

Warwickshire's seven resource cafés offer a service to those individuals in the community who have identified mental health problems (including common mental health problems and dual diagnosis) who are over 18 years of age. The aim is to work with service users (many of whom have been in long term institutions) to enable them to live healthily and make life changes that would both improve their mental health and their quality of life. New contracts require a move from a dependency model towards adopting a well-being focus using a self help model as well as encouraging use of Individual Budgets and

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Direct Payments for beneficiaries to purchase and manage their own support care.

An hour and a half meeting was organised with the resource café leads and commissioner of the services to screen all seven cafés for their potential impact on mental well-being, and to ascertain whether further appraisal of the evidence was justified. One café did not participate further. Use of the Screening Toolkit enabled each targeted population group to be systematically assessed. It was possible for each of the six cafés to identify those groups who were not currently being targeted but who could benefit from the services. These included women, some black and minority ethnic communities and young adults.

Exploring the impact of the protective factors highlighted positive benefits such as promoting access to information and services, and social activities and networks. Areas that needed further work were the support needs for client groups that were in transition from dependency to self-help. All the resource cafés agreed that further investigation and understanding of their impacts was needed. A community profile and literature review were undertaken, and a successful stakeholder event was held.

Programme Level – Liverpool '08 European Capital of Culture

The full report for this is available on www.hiagateway.org.uk

The Liverpool 08 European Capital of Culture Company was developing a wide range of programmes designed to promote culture as well as regenerate areas of Liverpool as 08 European Capital of Culture. The Company committed to commissioning the first Comprehensive MWIA as well as assisting with piloting the evolving MWIA toolkit in 2007.

Sixteen projects and policies were screened to assess the effects of the programme on mental well-being. The screening toolkit was also used to decide whether a more intensive assessment should be carried out. The screening was undertaken during a short meeting with each project and policy team.

After the screening it was agreed that an intensive assessment should be done and include:

- Comprehensive profiling of the communities involved and affected
- A review of the published literature with reference to the potential impacts of the arts and culture on health and well-being
- A series of workshops for those projects identified through the screening process as having the greatest potential to impact on mental well-being. Funders, managers, people with a creative/ artistic role, and communities would be invited to join to bring a wide perspective on impacts and to pool ideas.

Eight project and policy teams participated in workshops: the Grants Programme, G-litter, Four Corners of the City, Mersey Boroughs Programme, 08 Volunteers, Chinese New Year, Commercial Partners, and the 08 Vision Document.

Project Level – Well London – Be Creative Be Well

Well London is a three year Big Lottery funded well-being programme delivered by seven partner organisations across 20 Super Output Areas (SOA) in London. One of the target areas is Broadgreen in Croydon. A project commissioned by the Arts Council (a partner in Well London) aimed to refurbish and redesign the interior of the local community resource centre to enhance and transform how the centre was used and the impact it had on community well-being.

With the design and refurbishment already underway, the MWIA screening tool helped identify the potential impacts of the refurbished centre on the mental well-being of the community and helped identify what was needed to ensure maximum impact from the investment once the refurbishment was complete. The screening highlighted key ideas and issues, for example, increasing access to the building, how decisions are made about activities, identifying organisations who may like to host activities / outreach sessions at the centre.

Appendix 2: Lambeth Expert Patients (available: www.hiagateway.org.uk)

An example of how to fill in the screening table:

Enhancing control

MWIA question: How does the Expert Patients Programme project impact on people's control?

Protective factors for the Expert Patients Project (A six week programme for people with chronic long term conditions to enable them to maintain independent living)	Likely impacts (e.g. positive or negative) * those most important	Comments or recommendations
Individual/lifestyle <ul style="list-style-type: none"> Maintaining independence 	<i>Positive & negative</i>	Positive – helps to develop patients' knowledge of support services and grants available, and how to access them. Negative – not all patients who could benefit from the programme are using it. Recommendation – need to do more work to promote the programme.
Community/organisation <ul style="list-style-type: none"> Opportunities for expressing views/being heard 	<i>Positive</i>	Views encouraged from all participants to enable people to learn from each other. Recommendation – encourage more opportunities for expressing views e.g. with GPs.

